FROM THE MANIFEST MOTIVE TO THE REAL DEMAND OF THE PATIENT IN THE PSYCHOLOGICAL CONSULTATION

DEL MOTIVO MANIFIESTO A LA DEMANDA REAL DEL PACIENTE EN LA CONSULTA PSICOLÓGICA

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Abstract

Sometimes it is confusing to determine why you go to a psychological consultation; for the interviewer, it is extremely important to be clear about the manifest and latent motives, as well as the expectations of treatment with a psychoanalytic approach. It is a qualitative study, with a descriptive-explanatory design, which includes the analysis of semi-structured interviews. Twenty medical records of patients who attended the Centers for Psychological Intervention (CISP) in the state of Zacatecas, Mexico; in order to identify the manifest motive and latent motives, as well as treatment expectations and disease awareness. A relationship between these will be established, and their relevance of knowing them will be demonstrated so that later it can be used in an effective therapeutic process.

Keywords: Manifest motives; latent motives; fantasy; expectations; disease awareness.

Resumen

En ocasiones resulta confuso determinar por qué se acude a una consulta psicológica; para el entrevistador es de suma relevancia tener claros los motivos manifiestos y la-

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tentes, así como las expectativas del tratamiento con orientación psicoanalítica. Se trata de un estudio cualitativo, de diseño descriptivo-explicativo, el cual incluye el análisis de entrevistas semi-estructuradas. Se analizaron 20 historias clínicas de pacientes que acudieron a los Centros de Intervención Psicológica (CISP) en el estado de Zacatecas, México; con la finalidad de identificar el motivo manifiesto y los motivos latentes, así como las expectativas del tratamiento y la conciencia de enfermedad. Se establecerá una relación entre estos, y se demostrará su relevancia de conocer los mismos para que posteriormente se consiga emplear en un proceso terapéutico eficaz.

Palabras clave: Motivos manifiestos; motivos latentes; fantasía; expectativas; conciencia de enfermedad.

Introduction

When the patient exposes his manifest motive in a psychological consultation, it is common for the interviewer to understand the concepts that the patient describes, without clarifying their meaning, leaving the interviewer confused throughout the interview, without having any guidance on how to help or provide a psychological service.

It is common for patients to be referred by relatives or an institution; establishing the same referral as a reason for consultation; again, the interviewer may take it for granted that this is an overt motive, when in fact it is not. This situation leaves the therapeutic process vulnerable, initiating a treatment or pseudo-process, making the patient see "as if" he would glimpse what he is going to, why he is going, what he expects and how he can be helped, without paying attention to the patient's fantasy about his symptom. Or about the representation it has about its external world. By continuing with the sessions the patient will sooner or later abandon the treatment by conceiving that he is not being understood.

Therefore, it is necessary that both the manifest reason for consultation, as well as the real demand, that is, the latent reasons, are understood and clear by the therapist in order for the patient to know that he is being listened to and in this way leave forging a working alliance with solid foundations, diluting false expectations about therapeutic treatment.

For Martínez (2006), the reason for consultation refers to the explanation given by the patient at the beginning of a psychological consultation about their symptoms; the frequency, the beginning, the severity, trying to describe the signs of her condition. However, the concept of the real demand or latent motive, implies not only the description of the symptoms, but also that the patient shows his need and desire for help.

At the beginning of the interviews, the therapist tries to investigate everything related to the reason for the consultation, he inquires about the symptom and the signs, leaving aside what is implicit in the patient's speech, that is, that sometimes the interviewer only focuses on discovering the signs of the symptom without taking into account whether in his story there are signs of awareness of the disease or if the reason is related to his speech, his behavior and his history.

This research is qualitative, descriptive-explanatory design; 20 medical records were made of patients who have attended the Centers for Intervention and Psychological Services (CISP) in the state of Zacatecas, as part of the social work implemented by the Autonomous University of Zacatecas (UAZ), currently there are more than 14 centers distributed throughout the state. These centers provide psychological care to the university population and people with low economic resources. These are attended by teachers of the Psychology Unit and by students who carry out practices and are complying with their social service for their professional performance. The teachers who work in the CISPs have the obligation to provide advice and supervision to students who are exercising therapeutic activity. The authors of this research were supervising the students who provided psychological support in the CISP while they performed their social service. For almost 3 years, clinical cases attended in the CISP were collected in order to determine the various motives of the people seeking psychological help, as well as to identify if the manifest reasons are clear, if there are expectations of treatment, awareness of the disease and if there is any relationship between latent motives. It was detected that the people who requested psychological help did not last long

enough in a therapeutic treatment, they abandoned the treatment in the first sessions. It was discovered that the interviewers may not obtain enough information to be able to understand part of the subjectivity of the patients and to establish how a better therapeutic service could be provided to the CISP applicants.

Manifest motives and latent motives

Gómez and Pérez (2017) propose a categorization of the perspectives of the reason for consultation where these are related to: 1) Symptoms and psychological problems: understanding them as a type of suffering that commits the patient to seek help. 2) Those of the patient's own subjectivity, which is responsible for their own suffering. 3) The reasons, from the relational point of view, refer to the fact that the complaint is deposited in the other, that is, to the family, to the partner, to work and others. 4) The reasons of the academic field, in which there is great concern about failure among these.

Even if the reasons are categorized, if these are not clear to the therapist, she will have great difficulty in finding out about the latent reasons and will not be able to understand them as a unit. The manifest and the latent are linked, it seems that they are two separate entities, like the mind-body duality, but one cannot be without containing the other, one does not subsist without the other. Saad (2018) considers that the symptoms of the current time do not have articulation with the psychic structures; They are only part of the new pathologies, it seems that there is no place for a social bond, this contemporary malaise envisions a great need to seek a place which can find itself and another, the symptom is a meeting point with other. Stortoni (2009) argues that what articulates between the manifest and the latent are the fantasies, being latent the repressed thoughts that are expressed hidden between what is spoken or between what is expressed, either in the body in the form of a symptom , in dreams or in lapses. And I manifest it; it is what is thought to be conscious, but the causes are not really known. The manifest is linked by perception, these can be thoughts, memories or representations.

Fantasies in treatment

Riviére (2012) takes up the concept of fantasies arguing that these arise from the moment of the subject's psychic birth and are continuous and inherent in any aspect of people's lives, the manifest motive will always be interconnected with the latent motive. The therapist will have to look for the articulation that leads one with the other, in this way, within the therapeutic process, a meaning will be found for the patient and for the therapist.

Fantasy is always present in any statement, whether in a description about himself or others, in a story that underpins his history or his current state, it is continuously within his speech. Reality and imagination intermingle to create concepts and realities that only the subject appreciates, perception and memories are distorted according to how they represent their reality. The fantasies according to Roitman (1993) allow to give meaning to desires, depending on the organization of the ego, it will be its composition and complexity, its ways of operating and its defensive forms.

Laplanche (2013) maintains that fantasy is an unreal production, an illusory creation which is constituted by unconscious desires that determine the psychic reality of the subject.

Unconscious fantasies for Segal (2001) allow us to understand the affective elements that adhere to some idea, memory or thought, turning it into a memory totally different from reality; fantasies have to do with magical actions that activate or distort unconscious memories. Anguish cannot be hidden or silenced, anguish is elaborated or manifested by means of fantasies, either in a symptom or in a statement.

Fantasies serve to contain anguish and through them the subject can give a logical explanation of what happens to him, they are used as ways to explain the world around him. The set of ideas that are expressed through the word without at the moment being aware of why those thoughts become, are part of the concept of fantasy.

Not all the ideas and memories that the subject has, have to do with external reality, it is the therapist's task to

discover through listening and his or her pointing out of those associations and fantasies that the subject manages to become aware of why he said a certain idea or did certain action. The author maintains that meanings are attributed to the world from unconscious fantasies that can be loaded with affections and above all with anguish. Impulses and fantasies lead people to act and think in certain ways. That is the subject's perspective, how he perceives himself and how he perceives others, his environment and his internal world. Any therapeutic relationship brings with it a third party, that is; an absent object that is introduced into the dual relationship of the therapeutic process, they are those significant characters for the patient who are introducing themselves in his speech, the symptom can then be seen as part of a conflict with a third party, it can also be shaped by the intermediate space between the patient and the therapist, therefore, the symptom should be considered as a representative of the psychic conflict (Coelho 2016; Green 2018).

Ellman and Goodman (2017) suppose that fantasy appears in the communication of the interaction between the patient and the therapist, within the transference and countertransference phenomena. The therapist will have to register the conscious and unconscious aspects in the speech. Through empathy, there will be a greater possibility of recognizing the fantasies and as the therapeutic process consolidates, the patient will communicate their experiences, representations and affections, little by little they will elaborate on the signals and interpretations and the fantasies will be dismantled.

Consequently, the manifest motive is also loaded with fantasies, the signs it describes, the symptom it presents, it manages to have a real connotation for the patient, but that is his perception from the fantasy, from the representation of his suffering and his environment. For Mannoni (1992), the patient who presents a complaint imminently transmutes it into a demand for a cure, a desire for help or invalidation, since the therapist is expected to take into account the description of the symptoms. To be able to decipher the suffering of the patient. But if he does not have the skill that the patient is expecting, he devalues and hinders treatment.

Expectations and disease awareness

When the therapist or the interviewer is not aware of the expectations that the patient has about the treatment, it is possible that a therapeutic alliance cannot be established, they feel about the value, beliefs, perception and fantasy that can be sometimes omnipotent, waiting for the therapist to resolve all his conflicts, putting him in a compromised position on his cure, overshadowing and hindering the progress of treatment. Or it can put him in a devaluation position, and any point that is tried to be made to the patient will have no meaning, it will lack all validity. Freud (2004) argued that inquiring during the interview about the expectations, the representations that are held about the psychological treatment, will determine the flow and progress of the treatment. If not, the resistance and obstacles of this process will be precipitated.

For Alcázar (2007), if the therapist does not meet the expectations that the patient has about the consultation, he / she immediately desists from the treatment. Expectations are created before starting a consultation, if they are not detected, it is inefficient unless the therapist is aware of them and identifies the real needs, in such a way that the patient in the course of the interview warns that he is being heard and understood, only in this way is the way to achieve a therapeutic alliance.

Regarding the awareness of illness, it refers to the level or capacity of notion that the subject has regarding their condition, if he knows how to recognize their limitations, the seriousness and the consequences of their psychic distress. When it is said that there is no awareness of the disease, it refers to the fact that the subject does not identify, nor does he realize his own responsibility for his problem, when he begins to describe what happens to him, he attributes the total cause of his illness to external objects the total cause of his illness, which is why he will very rarely go on his own to a psychological consultation, if he is there it is because he has been referred by an institution, a relative or another, making it more difficult to clarify the causes of the reason for which he comes to treatment. For Fernández and Rodríguez (2013), in the first interviews they try to investigate within the patient's speech his discomfort, his symptoms, his need that leads him to be under treatment, his awareness of the disease as well as his ex-

pectations, at this time the level of pathology suffered by the subject is defined or ruled out. Therefore, it is suggested to inquire in the interview about events, affections, difficulties and significant relationships.

Amati (2020) considers the position of the therapist to be crucial in the face of psychoanalytic-oriented treatment; their role can be covered by resistance natures making it impossible to understand the other. It is essential to glimpse the levels of the functioning of the ego and detect symbolic elements in the patient's verbal and preverbal speech, as well as to be alert to the transference and countertransference aspects, fundamental elements to carry out a therapeutic process. Cortina (2018) shows that therapeutic effectiveness requires the integration of aspects such as childhood development, cognitive aspects, conscious and unconscious processes and above all promoting an empathic and respectful relationship.

Due to the foregoing, the objective of this research is to analyze and identify whether the various motives of people seeking psychological help at the Centers for Psychological Intervention (CISP), Zacatecas, Mexico; They are clear to the interviewer, recognize if there are expectations of treatment, identify if there is awareness of the disease and determine if there is any relationship between manifest and latent motives.

Método

It is a qualitative study, with a descriptive-explanatory design, which includes the analysis of semi-structured interviews (history cases), Díaz (2002) considers that the interview is an interpersonal link between the interviewee and the interviewer, through which it can yield valuable information. Clinical histories have the purpose of understanding the constitution of the information and knowing the causes from its history (Cadena et al., 2017). Fernández (2017) maintains that qualitative research allows understanding, register and knowing expressions and behaviors in relation to the object of study. The interviews conducted were supervised by the authors of this research over a period of 3 years. As Taylor and Bogdad (2000) point out, it was ensured that no directive questions were asked or value judgments were made, the themes that emerged in the interviews emerged from the interviewees themselves.

Sample Selection

Clinical histories made by the students and supervised by the authors of this research were analyzed. A random selection of 20 clinical cases was made from patients who attend the Centers for Psychological Intervention (CISP) in the state of Zacatecas, Mexico; within 3 years.

Process

This research was carried out under the ethical code of the psychologist of the Mexican society of psychology (2009). As Montes (2017) points out, the ethical and professional attitude are one of the fundamental pillars for clinical work. The manifest reasons for consultation of each story and the background of the reason for consultation were analyzed and categorized, differentiating how clear or confusing they are. Likewise, the expectations of the treatment were identified if they were real or unattainable. To find the meanings of the manifest and latent motive, the content analysis techniques De Souza (1997) were used.

Data analysis

Overt motives were coded and categorized into: couple relationships (CR), family relationships (FR), labor disputes (LD), moods (M), bodily complains (BC) or others (O). Symptom onset (S), frequency (F) and severity (S) of each manifest motive were coded and analyzed. Medical records were analyzed and coded to identify latent motives (LM) and the level of disease awareness (DA). A selection of keywords was made from both manifest and latent motives.

According to the keywords obtained, they were analyzed in order to identify similarities between the manifest and latent reasons for consultation and the expectations of the treatment.

Table1.

Age, gender and marital Status.

Age			Gender		Marital Status				
	f	%	M	F	Single	Married	Divorced	Free union	Others
16-20 years	3	15%	1	2	**3**				
21-30 years	6	30%	3	3	5			1	
31-40 years	4	20%	1	3	3		1		
41-50 years	7	35%	3	4	1	2		2	2
Total	***0***		***8***	***12***	***12***	***2***	***1***	***3***	***2***

Results

Manifest Motives

The consultants are mostly women between the ages of 41 and 50, followed by men between the ages of 21 and 50. Most of the population are low-income (see Table 1).

Most of the medical records are confusing in the description of the manifest motive, even when there is a description of some signs and symptoms, they are not retaken during the narrative. In several of the cases it can be seen that no responsibility is assumed for the problem itself. As a defensive form, denial is a mechanism that can be activated to reduce anxiety, resulting in resistance when facing the interviewer. Or, the interviewer was unable to obtain enough information to describe the symptomatology more specifically (see Table 1, Appendix A).

Regarding the beginning of the symptoms, some describe that they began 1 to 6 months after having attended the consultation, others detail that they have 1 to 5 years with their condition, 4 of the cases feel this way since childhood and 2 cases since they reached 18 or 19 years of age (see Table 2, Appendix A). It is possible to observe the fantasies regarding the symptom, it was necessary to explore the fantasy about attending a treatment, what happened and what circumstances determined to go to a psychological consultation.

Categorization of manifest motives (MM)

In the category of couple relationships (CR), reasons were found such as fear of abandonment, difficulty in having a partner, relationship problems due to anger, physical violence, and separation processes. Regarding family relationships (FR), demands were found such as fear of being forgotten, problems with the mother, conflicts with the father, with the children, anger due to teasing and guilt. Of the category mood states (M), the reasons were sadness, despair, irritability, tiredness, anxiety, insecurity and devaluation. The category (O) others come for consultation at the request of other relatives, difficulty concentrating, difficulty in carrying out any activity, difficulty in interacting with others, being free, not wanting to grow. In the case of labor disputes (LD) the reasons were problems with co-workers and not having motivation to go to work. In the category of bodily complains (BC), patients attended due to a feeling of suffocation and non-acceptance due to being overweight. The moods prevail in relation to the other categories. Most suffer from family and relationship conflicts (see Table 3, Appendix A).

Expectations (E)

In 6 of the cases it was not possible to detect in the information of the clinical interviews the expectations they have about requesting a psychological consultation

(see Table 4, Appendix A). This indicates that the interviewer cannot know what the patient is expecting from the treatment; the therapeutic relationship will become confused because the therapist will constantly be faced with the uncertainty of knowing what the patient thinks about the process and what he expects from it. In cases where it becomes confusing, one can detect through fantasy what they want from the treatment. Some say they want to be happier, others that their family members change, it is essential to inquire about expectations because information is also thrown on the patient's pathology and her defensive mechanisms, the expectations being unattainable, which if not clarified by the interviewer will harm the therapeutic process. The expectations that were made clear, allow us to elucidate that the patient has more capacity for sense and judgment of reality, they intend to discover what happens to them or that the treatment helps them to change their perspective of the situation, they are more realistic about the objectives of the treatment.

Disease awareness level (DA)

It was observed that half of clinical cases have a slight awareness of the disease; they know that something is not right, they can describe their symptoms but they do not relate it to all aspects of their history, most of them blame others for their conflicts. Several of the cases have zero awareness of the disease, that is, they do not know what they are doing to cause certain situations that afflict them to arise. Only in two of the cases was it observed that if there is awareness of the disease, they are completely clear about why they request psychological help, they assume themselves as responsible for the causes of their illness (see Table 5, Appendix A).

Correlation of manifest (MM) and latent motives (LM)

The connection that was found between the latent and manifest motives from the analysis of the words are fear, anger, abandonment, problems with parents, with partners, difficulty due to being overweight and family relationships. This means that although it seems that the manifest motives are different entities from the latent motives, they will always have a connection with each other (see Table 6, Appendix A).

Discussion

The subject seeking help is because something afflicts him, there is some kind of suffering, something that may be confusing to him, perhaps it is anguish, fear, sadness or some other condition, and what is sought in a first interview and throughout the treatment, is that the subject finds and realizes how and in what way he is expressing his suffering, although at first it seems that there are disconnections between the patient's speech, each element belongs to a set of systems which are related to each other (Coderch 2015). Therefore, the interviewer must try to be attentive and look for a thread throughout the interview speech.

It is important to know what and how to ask, Morrison (2017) suggests that the purpose of the first interviews is to obtain enough information for the interviewer to glimpse and be clear about why a psychological interview is being requested. It is necessary for the interviewer to develop technical and theoretical skills to conduct himself within the framework of the interview and in this way establish a therapeutic alliance.

Beichmar (2011) considers that within the unconscious there are mobilizations where fantasy and other elements determine the level of anguish, the type of defenses that operate in the ego and the symptoms manifested by the subject are manifested as resistance in the psychological interview. As Aramburo (2016) points out, the fantasies come from the unconscious and the symptoms that occur in the cases are covered with various fantasies that come from evocations of memories and desires.

Although the symptoms seem align with the subject for Shedler (2010), the purpose of the interviewer is to find the meaning of such symptoms, they belong to their psychic context, and it is part of the therapist's job to facilitate the connection of the symptom with the patient's experiences. It is necessary to connect events, feelings and desires; All these aspects give meaning to the manifest mo-

tives, their symptoms and their history. Bahamondes and Moderel (2020) reflect on the symptom as something that is perceived by the patient himself, experiences it as a foreign entity that gives it a meaning from self-observation, situations and experiences which in the clinic the subject will have to go integrating. The therapist will have to help, be flexible and with the capacity for abstraction to lead the patient to be able to manage, organize and discover the meanings about her own symptom in such a way that the subject is perceived as an integrated being. Returning to Bornstein (2018), the evaluation of symptoms is not enough for the subjective understanding of the patient; it requires a wide range of conceptual and technical domains in psychotherapy.

According to Liegner (1977), it is essential that in the first interviews the therapist will have to diminish the obstacles that are being presented in the communication of the session. An obstacle could be the fantasies and expectations that are had about the treatment and one of the ways is to reach a verbal agreement, in which the conditions of the setting are established, the way of working, what is possible to attend and what it is out of the reach of the therapist. In most cases, expectations are confusing, and only a few clearly state what is expected of treatment.

As Bleger (1995) points out, if a person goes to a psychological consultation it is because they have a vague idea that something is disturbing them and that they cannot fix their situation by themselves, depending on their pathological condition, anguish emerges which is intolerable and defensive mechanisms are activated such as denial, which the subject apparently is not aware of what is happening, goes to consultation, but does not clarify his reason, the subject has a certain diffuse notion about his problem but it is not clear why he is going to treatment.

Regarding the analysis of the correlation and homologation of keywords of the manifest and latent motives, following Corral (2001), the latent indicators are related to constructs that cannot be observable, unlike the manifest ones that can be recorded through observation during the interview. However, the latent content is inferred theoretically on the basis of overt indicators. Observation within a therapeutic context requires analytical listening and investigative clinical observation; these two allow perceiving the internal conflicts of the patient; they give a guideline to find meanings in the patient's speech, addressing unconscious and conscious instances. Analytical observation is not only about being aware of everything that is presented as manifest, it is about seeing the background and being attentive to the patient's fantasies and the fantasies that are built within the therapeutic relationship (Bernardi 2018).

Unlike the research by Muñoz and Novoa (2012), which refers to the fact that aggressive behaviors are seen more frequently, it was observed that in this research the majority go to the consultation as a result of concern about their moods and emotions such as sadness, despair, insecurity, devaluation mostly related to problems with romantic partners and family relationships. Janin (2018) runs that at present diagnoses incriminate subjects before a society that demands certain types of relationship, stereotypes, fashions and forms of expression; not adjusting to these normalities, they will be condemned to diagnoses imposed by others or by themselves; leaving aside much of the subjectivity and historicity of the subject.

Untoiglich (2015) reflects on this, considering that the mental states and scenarios in which sadness, despair, anger or others are experienced are conditions that fluctuate in any human being throughout his life, however today, at present, these conditions are seen as mental disorders, society pretends to demand to be permanently happy, it is not allowed to feel, elaborate or experiment. The differences of each person can become a pathology that must be treated.

Developing listening skills accesses a broader understanding of the situation manifested by the patient. The relationship that is germinated between the patient and the therapist, in the first interviews, will determine the effectiveness of a treatment. Jung et al. (2013) considers that the initial interviews are fundamental to predict the relationship that will be established in the long term between the patient and the therapist. If the purpose of a psychological treatment is not clear to the therapist, it is very likely that the patient will drop out of treatment because the patient's fantasies cannot be sustained by the therapist. Kleinbub et al. (2020) recognizes that the link established between the patient and the therapist allows us to elucidate

through bodily manifestations, affective and verbal contents the times in which the patient accepts and elaborates the indications and interpretations within the therapeutic process.

The pathological condition is subject to the fantasies that are generated about the expectations of the treatment. As stated by Alexander (1944), the interview should be based on the understanding and structure of each patient, especially paying attention to the degree of ego functioning; if there is coherence in his speech, continuity of his story, observe bodily reactions, the way of facing situations in his life, observe how he is perceiving the psychological treatment, if it is accessible or not to the contents of his speech.

The understanding of the phenomenon for Kvale (2003) allows to elucidate the way in which the patient will work. If a high level of understanding and trust is established, a more efficient therapeutic treatment will be established. Georgievska (2019) agrees that the therapist will have to provide the patient with the tools based on the exploration of fantasies and recurring themes so that they can verbalize what they cannot recognize at the beginning of the treatment. On the other hand, Mahon (2017) states that inquiring about the symptom linked to the fantasy allows us to know and understand how said symptom arose and developed, that is; Not only will you have to be aware of the signs of the symptom, but also what surrounds it and the representations that the patient has about it, in this way, progress will be made to discover the origin of the symptom and the conflict.

For De Celis and Méndez (2019), the psychoanalytic clinic would be more at the service of what happens to patients; In the discomfort of the present it is not about following a position to the core, it would be inoperative in the face of new situations that arise in the current context, now it is about being creative and having elements that enrich the therapeutic work, in the Today's clinic, theoretical positions must be adapted to be effective in what is happening today. Diaz (2018) recognizes the contributions of various contemporary psychoanalysts who have contributed to various theoretical and technical scenarios giving a controversial but necessary turn for the understanding of mental life.

Conclusions

It is essential that the manifest motives are clear to the therapist, inquiring about the symptoms and signs are essential to understand the real problem or the latent motives of the patient. Although at first it seems that they have no connection, they are articulated, they lead towards each other, allowing them to be linked with the speech, their problems, their desires and their history.

Other elements that must be taken into account when conducting the psychological interview are the expectations of the treatment and the awareness of the disease, these are linked to the fantasies that the patient has about the treatment and their desire for help, since that sometimes expectations cannot be identified, are unrealistic or unattainable, hampering a therapeutic process. It is important to verbalize and inquire with the patient what she is looking for in a treatment. By detecting the level of awareness of the disease, the therapist gradually recognizes the level of conflict that the patient has to realize their own problem; if the level is null or vague, the therapist is left at the mercy of being responsible for resolving their conflicts. The expectations and the level of consciousness of the disease also denote some pathological components of the subject such as mechanisms of denial, excision, projection, and others; the more unrealistic the expectations, the greater the pathological degree of the subject. If the expectations are real and there is a higher level of awareness of the disease, it is an indicator of the mental health of the person who consults.

Establishing with the patient what was understood from the first interview, allows the possibility of a greater commitment between the interviewee and the interviewer, the therapeutic alliance is fostered and real links are established allowing the advancement of the therapeutic process. It is essential that in the first sessions the therapist returns to the patient what he has understood about the reason and his expectations, as well as what can or cannot be achieved within the therapeutic work. The new forms of therapeutic approach due to the contingencies that have been established by the SARS-CoV-2 pandemic, have modified the situations to carry out psychological interviews, in these times it has been adapting to the use of virtuosity to carry out interviews and therapeutic treatments;

However, the way of understanding the other, the intention to understand part of the subjectivity is the same, it requires theoretical and technical tools, as well as the establishment of the therapeutic alliance, essential elements to understand and help within the possibilities to who requests it. The limitations of this research lie in the fact that only medical records were highlighted in the state of Zacatecas. It is expected to be of interest for further research.

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Appendix A

Table 1

Symptom Description.

Case	Symptom description	Level
1	She is afraid that her partner and relatives will forget about her because she is far away.	Confused
2	He cannot stop seeing other women even though he already lives with his current partner.	Confused
3	She feels very sad since her baby was born and since her partner abandoned her when she was pregnant.	Clear
4	He is a very explosive and angry person, he has many problems with his partner, he does not have control of himself. He also feels sad since his mother passed away.	Clear
5	She has many problems with her sister, they fight over everything, she feels tired because of it.	Clear
6	She suffers from violence from her husband and children, she feels sad and angry because her husband has a lover.	Confused
7	Arguments with her partner, she feels sad, angry and irritable because her partner does not want her to be happy.	Confused
8	She has problems with his mother so he is easily irritated, anxious and disinterested in his daily activities. Most of the time she feels restless, nervous.	Clear
9	Conflicts with her partner, father and children. She feels depressed and anxious.	Confused
10	At the request of the mother. His father and brother beat his mother. His dad hasn't spoken to him for two months.	Confused
11	He feels desperate and angry, resentful because he does not know what to do with his current partner, because the same thing is happening to him as with his ex-partner from 5 years ago.	Confused
12	She wants to check that she and her children are okay. She feels low self-esteem and feels that all men are bad as well as the woman with whom her husband was unfaithful.	Confused
13	Her sister recommended that she leaves because she tells her that she may be the one with the problem and not her partners. Also her son left because he is probably into crime and drugs and she's afraid that they will do something to close relatives.	Confused
14	She does not know what to do, she feels desperate, wants to cry, she was going to get married and could not. She says she feels sick with nerves.	Confused
15	She feels that she cannot live her life freely, she wants to be independent, not feel guilty and not hurt her parents. She feels a lot of anguish, cries and cannot control herself.	Clear
16	She is sad and angry, everything bothers her, she is angry and sad without knowing why. She would not like to grow up or for her parents to age.	Confused
17	She does not like her appearance because she's overweight, she does not accept herself, she is angry about living with her mother's current partner. Her overweight hurts her in social relationships.	Clear
18	She feels insecure, she is not satisfied with her physical appearance, she has problems interacting with other people. She is on the defensive because people only look at the physical appearance.	Clear
19	He gets desperate because he has problems at work, he thinks that maybe he is the one with the problem; he is explosive and would like to talk to someone. He is the target of envy.	Confused
20	She does not get along with her family, her father mistreated her, he has already left and now it is her mother who mistreats her. She doesn't feel like going to work, she feels very bad, her head hurts from family problems. She does not feel like doing activities.	Confused

Table 2

Onset (Os), Frequency (F) and Severity (S) of the Symptom.

	Onset (Os)	Frequency (F)	Severity (S)
1	A month ago, since she went to another city.	Does not specify	When she realized that her partner did not give her place.
2	4 months since he has lived with his partner.	He has done it forever	Now that he found out that he is having a child.
3	For more than 6 months, when her partner left her.	When her baby is brought close to her	Now that the baby is born, it generates rejection and repulsion to her.
4	Since living with his current partner and since his mother passed away a year ago.	Every time his partner demands something from him.	When he finds out that his partner has contact with his ex-boyfriend, it makes him feel more angry and jealous.
5	Since her father passed away.	They fight every day	Since her sister made up gossip, she tolerated her less.
6	From the 6 months of marriage the marital problems began.	The fights with the couple are constant. In 25 years of marriage.	Since the husband's family's rejection of her and since her husband began sleeping in another room.
7	Does not specify	Every time she notices that her husband is drunk and angry.	20 days ago the discussions are more constant.
8	For many years he has not had a good relationship with his mother.	He constantly feels restless, nervous, irritable, most of the time.	8 months ago due to distant relationship with his mother.
9	Since her husband left her.	Does not specify	When he took her children from her.
10	Since his parents divorced 3 years ago.	Does not specify	Does not specify
11	Since his dad left him, he was 5 years old.	Does not specify	Does not specify
12	5 years ago	Does not specify	Every time she remembers that her husband betrayed her.
13	2 months ago	Does not specify	When she saw that her son had a strange behavior, as he was upset, nervous without giving explanations.
14	Three months ago.	When she is alone, away from her family of origin.	When her partner insists on getting married.
15	Since the age of 19.	Does not specify	She feels guilty and anguished when she does not do what her parents impose on her.
16	Since he saw a senior citizen	Often she feels sad, angry, lonely and doesn't feel like seeing anyone.	When she thinks about the future
17	Her being overweight began at age 8 when her mother remarried.	Constantly	Now that she has to live with her mother's new partner
18	Since her childhood when her dad told her she was fat.	Constantly	Does not specify
19	Since he was 18 when he started working.	Does not specify	When he got a promotion at his job.
20	Since her father mistreated her, since she was a child.	Constantly	Since the mother began to mistreat her.

Table 3

Categorization of Manifest Motives (MM).

Case	Couple Relationships (CR)	Family Relations (FR)	Labor disputes (LD)	Moods (M)	Bodily complaints (BC)	Others (O)
1	Fear that her partner will forget about her.	Fear that her relatives will forget about her.				
2	He can't stop seeing other women.					
3	She feels sad because her partner left.			Sadness, anger and despair for her child.		
4	He has problems with his current partner			Explosive, can't be controlled.		
5		She fights with her sister			Fatigue	
6	She suffers a lot with her partner for violence.			Sad and angry.		
7	Arguments with her husband.			Sad and angry.		
8	He has problems with his mother.			Disinterest and irritation	Anxiety	
9	Conflicts with her partner and her children.	Conflicts with her father and		Depression	Anxiety	
10		His parents divorced.				He comes at the mother's request.
11	Desperate for his current partner.			Insecure, angry, desperate		
12	She wants to be okay about her divorce.			Her self-esteem is low.		
13	She has problems with her current partner.	She is afraid that her son will be harmed.				She is referred by the sister.
14	Something stopped her that she couldn't get married.	Teasing and offenses from the mother.		Desire to cry, desperate	Choking sensation, sweating.	Difficulty concentrating
15	She feels guilty if she doesn't obey her parents.			Alone, crying and distraught		
16				Sad, angry, lonely.		She does not want to grow.
17	She has no partner or friends because of her overweight.	She feels unhappy and angry with her mother's current partner.		She feels very angry.	she has difficulty breathing.	

Case	Couple Relationships (CR)	Family Relations (FR)	Labor disputes (LD)	Moods (M)	Bodily complaints (BC)	Others (O)
18	Her dad made fun of her for being overweight.			Insecure and defensive towards others.		Interaction problems.
19			He has problems at work.	Explosive and desperate		
20	Problems with her family.		She does not want to go to work.	Unmotivated.	Headache.	

Table 4

Expectations (E).

Case	Expectations	Analysis
1	Null	It is not mentioned in the story
2	Confused	He wants to change to have a better relationship with his partner. But he doesn't specify what he wants to change.
3	Clear	She would like to feel love for her baby.
4	Clear	He wants to change his way of being with couples
5	Null	It is not mentioned in the story.
6	Confused	She expects her husband and children to change.
7	Null	It is not mentioned in the story.
8	Clear	Be more independent and fix the situation that he lives with his mother.
9	Null	It is not mentioned in the history
10	Confused	His mother wants him to be in therapy.
11	Confused	He wants to solve what happens with his partner
12	Clear	She wants to feel calmer because of her divorce
13	Confused	She wants her son not to be in trouble and to know if she is a cause of conflict.
14	Confused	She wants to be okay again. But she does not specify.
15	Clear	She wants to know how to get rid of her parents, be independent
16	Confused	She wants to stop time and that her parents do not grow old.
17	Null	It is not mentioned in the history
18	Null	It is not mentioned in the history
19	Clear	He wants to get along better with his co-workers.
20	Confused	She wants family problems to stop.

Table 5

Disease Awareness Level (DA).

Case	Level	Analysis
1	High	She realizes her fear of feeling alone or abandoned by her own fears
2	Mild	He believes that he is doing the same as his father, but he does not link it with his relationship as a couple, or with the fact that he will be a father.
3	Null	She describes it as postpartum depression on the grounds, but doesn't link it in her entire story.
4	Null	His lack of impulse control is because of his partner, it is not assumed as part of the conflict.
5	Null	She thinks that everyone around her is to blame for her discomfort.
6	Null	Members of her family are to blame for her problems.
7	Null	She blames the partner for her unhappiness. She does not take any responsibility for the conflict.
8	High	Due to the conflicts he has with his mother, he cannot be what he wants. He tries to be more independent but cannot do it.
9	Null	She blames her father and her partners for all their conflicts.
10	Null	He is referred by his mother. It does not assume any role in the conflict.
11	Mild	He believes that others use him and has a vague awareness of why he thinks his partners are abandoning him
12	Null	She does not assume her responsibility as part of the conflict, if her partner changed, everything would be different.
13	Null	She is referred by the sister. She wants to confirm if the sister is right that she causes the problems.
14	Null	She describes the somatic manifestations of anxiety, blames the members of her family for their conflicts.
15	Mild	She wants to get rid of her family because she believes that this will reduce her conflicts.
16	Mild	She knows that growing up involves more responsibilities.
17	Mild	She thinks that her being overweight is the cause of all the conflicts she carries with her but she does not mention it again in the story and does not take responsibility for her conflicts.
18	Mild	She knows that her relationship with her father is related to being overweight and angry. But it is not assumed as part of the conflict.
19	Mild	He thinks he knows something is going on with him that makes him have a hard time with his co-workers, but he can't describe it.
20	Mild	She knows that her life story permeates her state of mind, but she does not take responsibility for her conflicts.

Table 6

Keyword Mapping of Manifest (MM) and Latent Motives (LM).

Case	Manifest motives	Latent motives	Interpretation
1	Fear	Fear	She is afraid of abandonment of her family, and her relationship as a lover
2	Women	Female figure.	The relationship with the female figure, and the fact of being a father.
3	Abandonment, pregnant.	Abandoned, mother.	Anger at being a mother, and feeling abandoned.
4	Control	Control	Frustration at not keeping situations under his control
5	Sister, trouble.	Sister, envy.	Envy towards the sister, anger.
6	Lover, angry.	Lover, hate.	Devaluation of her partner like her children, she feels anger and envy for the lover.
7	Couple	Relationship	She blames the partner for her unhappiness and lack of achievement, fear of feeling abandoned.
8	Mother	Mother	Difficulty relating to the female figure, he is not allowed to detach himself to make his own decisions.
9	Conflicts, couple.	Conflicts, men.	Difficulty with the male figure and her conflicts to establish a partner.
10	Parents, brother.	Father, mother, brother	Anger prevails because his father and brother beat his mother and sad about the current relationship with his father.
11	Couple, abandonment.	Couples, abandon.	Difficulty establishing a relationship, fear of abandonment.
12	Men, couple.	Man, husband.	Her anger and frustration prevail over splitting up with her partner.
13	Fear, son, couples.	Fear, son, partner.	Fear of abandonment, relationship with her child and partner.
14	Physical, mother, marry.	Ugly, mother, couple.	Anger towards her mother and sister, who have prevented her from being able to maintain a relationship.
15	Parents, responsibilities.	Mother, responsibilities.	Blaming the parents for feeling alone and assuming the role of wife in the family.
16	Parents, angry.	Parents, anger	Anger about growing up and that implies making decisions.
17	Couple, overweight, mother.	Boyfriends, overweight, mother.	Difficulty in body representation, maternal and paternal conflict, difficulty in relating.
18	Dad, physical appearance, people.	Father, overweight, relationships	Anger towards the father for making her feels dissatisfied with her physical appearance, and her difficulty in relating to others.
19	Problems, partners.	Difficulty, companions.	Desire to be accepted by the father. Mourning the sick mother.
20	Family, father, mistreated.	Family, father, problems.	Blames parents for not making their own decisions. Unresolved duels.